


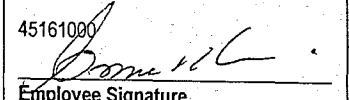
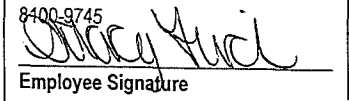

Director's Signature: _____

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 10, 2010

Employee Name:		Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Corbett, Kate	Day: In - Out		6:45 3:45	7:00 3:00		6:55 3:00	6:45 2:45	
45161000	Lunch: Out - In		12:00 12:30	12:00 12:30		12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.					C1H 7.5 hrs ✓			
Dookhan, Annie	Day: In - Out		6:45 3:20	6:45 3:15	6:45 3:20	6:45 3:15	6:45 3:30	
45161000	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30		12:00 12:30	
	Outside Duty: From - To					8:10 4:30	8:10 10:50	
Employee Signature								
Document exceptions or comments, indicate type and amount.						Lawrence Sup - Cambridge District Medford		
Feiden, Stacey	Day: In - Out		8:15 4:15	8:30 4:30	8:30 4:30	8:15 1:45	8:25 4:25	
8400-9745	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.						2.5 sick ✓		
Frasca, Daniela	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45		6:45 2:45	
45161000	Lunch: Out - In		12:30 1:00	12:45 1:15	12:30 1:00	8:00 4:00	12:00 12:30	
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.						Lawrence Sup		

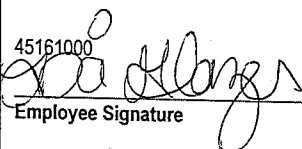
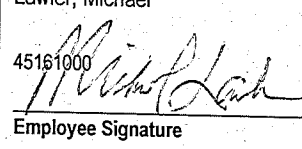
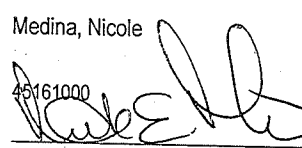
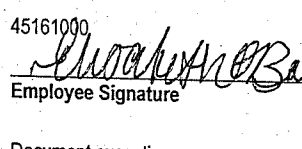
Director's Signature: _____

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 10, 2010

Employee Name:		Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Glazer, Lisa 45161000  Employee Signature	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To				2:15pm 1:30pm BME			
	Document exceptions or comments, indicate type and amount.							
Lawler, Michael 45161000  Employee Signature	Day: In - Out		9:25 6:00	8:05 4:50	8:00 4:15	8:15 4:30	8:00 4:30	7:30 4:00
	Lunch: Out - In		12:25 12:55	12:05 12:35	12:40 1:10	1:05 1:35	12:00 1:30	10:20 11:00
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.							OT 2.5 ✓
Medina, Nicole 45161000  Employee Signature	Day: In - Out		7:55 3:55	7:30 3:30	7:40 3:40	8:05 12:35	7:55 3:55	7:45 3:05
	Lunch: Out - In		12 12:30	12 12:30	12 12:30		12:00 12:30	11:45
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.					3.0 hrs vac ✓		OT 2.5 ✓
O'Brien, Elisbeth 45161000  Employee Signature	Day: In - Out		7:35 4:15	7:35 2:35	7:40 5:15	7:40 3:15	7:45 3:15	
	Lunch: Out - In		11:05 1:15	11:30 12:00	11:30 12:00	11:30 12:00	11:30 12:00	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.		Per 2.5 ✓			+ 0.5 com ✓	+ 0.5 com	

Director's Signature:

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 10, 2010

Employee Name:		Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Philips, Gloria	Day: In - Out							
45161000	Lunch: Out - In							
Employee Signature: <i>JS</i>	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			SIC 7.5	CMT 7.5	CMT 7.5	JDP 7.5	CMT 7.5	
Piro, Peter	Day: In - Out				10 ⁰⁰ 3 ⁰⁰	7 ²⁵ 3 ⁴⁵	7 ²⁰ 3 ⁴⁰	
45161000	Lunch: Out - In					12 ⁰⁰ 12 ³⁰	12 12 ³⁰	
Employee Signature: <i>Peter Piro</i>	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			SIC 7.5	SIC 7.5	SIC 2.5			
Renczkowski, Daniel	Day: In - Out			6 ⁴⁵ 2 ⁴⁵	7 ³⁰ 3 ³⁰	8 ⁰⁵ 4 ⁰⁵	6 ⁴⁵ 1 ⁴⁵	6 ⁴⁵ 3 ⁴⁵
45161000	Lunch: Out - In			12 ¹⁵ 12 ⁴⁵	12 ⁰⁰ 12 ³⁰	12 ⁰⁰ 12 ³⁰	11 ³⁰ 12 ⁰⁰	11 ⁴⁵ 12 ¹⁵
Employee Signature: <i>DRL</i>	Outside Duty: From - To				12 ⁰⁵ 1 ³⁰ pm			
Document exceptions or comments, indicate type and amount.			VAC 7.5		BMC		SIC 1.0 hr	OT 7.5 hr
Saunders, Della	Day: In - Out		6 ⁴⁵ 2 ⁴⁵	6 ⁴⁵ 2 ⁴⁵	6 ⁴⁵ 2 ⁴⁵		6 ⁴⁵ 3 ⁰⁰	6 ⁴⁵ 2 ⁴⁵
45161000	Lunch: Out - In		1 ¹⁵ 1 ⁴⁵	1 ⁰⁰ 1 ³⁰	1 ⁰⁰ 1 ³⁰		1 ¹⁰ 1 ⁴⁰	1 ⁰⁰ 1 ³⁰
Employee Signature: <i>Della Saunders</i>	Outside Duty: From - To						8 ¹⁰ 10 ⁵⁰	
Document exceptions or comments, indicate type and amount.						CMT 7.5	Cambridge District Medford	OT 7.5

Director's Signature: _____

CBS

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Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 10, 2010

Employee Name:		Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10
Sprague, Shirley 45161000	Day: In - Out		9:00 5:00	9:00 5:00	9:00 1:00			
	Lunch: Out - In		1:00 1:30	1:00 1:30				
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.					VAC 3.5	SIF 7.5	SIF 7.5	
Tan, Zhi 45161000	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45
	Lunch: Out - In		11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.							11:30 5:15 Can COM 3.0 per 11:45 go to court for trial	OT 2.5
Tran, Mai 45161000	Day: In - Out		8:45 1:30		8:10 2:10		8 2	
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.			1.25 VAC		1 Comp. Time			
45161000	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 4/10/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8000-9745

Approval:

Supervisor:

C. Salem

Date: 4/6/10

Department Head:

Chuanne Harris

Date: 4/6/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	120459	7.5			
Nicole Medina	285766	7.5			
Daniel Penczkowski	297673	7.5			
Della Saunders	147387	7.5			
Zhi Tan	148724	7.5			